

**APPLICATION FOR REPORT ON INDIVIDUAL
SEWAGE DISPOSAL and WATER SYSTEM**

**Public Health – Seattle & King County
Environmental Health Division**

NOTE: *Please remember that access must be provided to all features to be inspected (e.g., well house must be open, storage tanks must be accessible for inspection if in the house, etc.). Please tether dogs if they may be a problem.*

DOGS PRESENT? YES___ NO___

PLEASE COMPLETE ALL SPACES:

Request is for sewage only _____ (\$366 fee)

Request is for water only _____ (\$366 fee)

Applies to individual private water system/supply

Request for sewage & water (both) _____ (\$522 fee)

Fee must accompany application. Make checks payable to: - Public Health Seattle and -King County or PHSKC

Address of Property _____
Street Address City Zip

Legal description (attach copy if lengthy) _____

Parcel Number (Tax lot account number) _____

Applicant's name _____ (_____) Day Phone _____

Applicant's mailing address _____ City _____ Zip _____

Owner's name _____ Day Phone _____

Average number of occupants - last 2 years _____ Number of bedrooms _____

Is house occupied? _____ If not, approximate date vacated? _____

SEWAGE SYSTEM (If applicable):

Approximate date(s) septic tank was pumped (attached receipts) _____

All plumbing drains operate normally (i.e., no slow draining or backups) Yes ☐ No ☐ Don't Know ☐

Additions or major landscape changes since house was constructed (examples: added family room, bedrooms, garage, Patio, deck, etc; major fills or excavations done in landscaping):

Additions or repairs to sewage system (give date(s) and describe briefly) _____

Other information which would be helpful in evaluating the sewage system (e.g., is there a garbage disposal?)

WATER SYSTEM (if applicable):

Parcel number / APN where water system is located: _____

System supplies water to one residence/connection – individual water supply

Is well house open for inspections? _____ If not, provide name of the person to contact for access _____

Phone number of contact person (_____) _____ Date water system was last disinfected _____

Other information, which would be helpful in evaluating the water system: _____

PLEASE ATTACH ALL COPIES OF WELL LOG, WELL COVENANTS, CHEMICAL / BACTERIOLOGICAL SAMPLE REPORTS, ETC.

APPLICANT'S
SIGNATURE _____ Date _____

NOTE: TO ASSIST US IN LOCATING THIS PROPERTY, PLEASE ATTACH AN ACCURATE ROUTE MAP.
Please indicate the color of the house / building.

SUBMIT APPLICATION AND FEE TO:
EASTGATE DISTRICT HEALTH CENTER
14350 SE Eastgate Way
Bellevue, WA 98007-6458 Phone (206) 296-4932

Date Received